

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED JAN 29 1958

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Joplin</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Joplin</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>115 No Mineral</u>		Length of stay in lb <u>25 yrs</u>	d. STREET ADDRESS (If outside, give location) <u>115 No Mineral</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Riley</u> Last <u>King</u>			4. DATE OF DEATH Month <u>1</u> Day <u>9</u> Year <u>1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>3-10-1883</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Laboring</u>	9. AGE (In years last birthday) <u>74</u> F UNDER 1 YEAR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) <u>Trenton Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>James King</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Harper</u>	14. NAME OF HUSBAND OR WIFE <u>Mary</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give type or class of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>500-07-1093</u>	17. INFORMANT Address <u>Mary King 115 No Mineral Joplin, Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Malnutrition + dehydration</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Cerebral vascular accident</u> DUE TO (c) <u>Arteriosclerosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 wks.</u> <u>Elmkt.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>12-15-57</u> to <u>1-9-58</u> and last saw her alive on <u>1-8-58</u> Death occurred at <u>11:30</u> A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>D. Longmire M. D.</u>		22b. ADDRESS <u>601 FRL Bld. Joplin, Mo</u>	22c. DATE SIGNED <u>1-11-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>1-11-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Osborne Memorial</u>	23d. LOCATION (City, town, or county) (State) <u>Joplin Mo</u>
24. FUNERAL DIRECTOR <u>Shombell Dillon</u>		ADDRESS <u>Joplin Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Jan. 21, 1958</u>
26. REGISTRAR'S SIGNATURE <u>Dove Merriam</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

RECEIVED  
Jasper County Health Office  
County File Number 58-1-3  
Date Filed JAN 27 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed William E. Huddleston

Licensed Embalmer No. 4770  
P. O. Address Appling Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.